

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL065032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/16/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PACIFICA SENIOR LIVING WILMINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2744 S 17TH STREET</b> <b>WILMINGTON, NC 28412</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of Follow-up Survey by Dennis Harrell on 6-16-2015.  Not all deficiencies were corrected. Further action is required.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: A. Based on interviews and observation the facility was not meeting the requirements and the operation of special locking per the N.C. Building Code. This could endanger any occupants in the facility if exit doors with magnetic locks did not release to open due to failure of relays or electronic devices and staff were unable to locate, identify or did not possess keys to operate the manual emergency override switches to release the magnetic locks.	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 101}	<p>Continued From page 1</p> <p>Findings from 04/14/2015:</p> <p>1. S.C.U. - The emergency release switch at each magnetic locked door was key operated. A key was not carried by each of the direct care staff and some staff members were not aware of who possessed the key.</p> <p>Findings on 04/14/2015</p> <p>1. The emergency override device at each exit door was key operated. In order to release the lock, a key had to be inserted into the switch, turned and held in that position. The key could not be removed so that the door would remain unlocked. This is not in accordance with the building code requirement that the emergency switch at the door operate as on/off switch.</p> <p>Findings on 6-16-2015:</p> <p>The switches had been replaced with key operated switches that would allow the key to be removed when the door was unlocked. However, several staff interviewed carried no emergency release key as required by Section 1012.6.4.F. of the 1996 NC State Building Code.</p> <p>2. New deficiency found during the 6-16-2015, follow-up survey.</p> <p>Based on observation, the Special Care Unit exit door near room 225 is of the Delayed Egress type and is not compliant with the 1996 NC State Building Code.</p> <p>Section 1012.6.2 of the 1996 NC State Building Code requires a sign on each delayed egress exit door that reads, "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND."</p> <p>Finding on 6-16-2015:</p> <p>There was no sign provided on the delayed egress exit door.</p>	{C 101}		

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{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: A. Based on observation, the fire safety equipment is not maintained in an operating condition. Doors that do not release from hold open devices when the fire alarm is activated or do completely close and latch to resist the passage of smoke could effect all facility occupants if smoke and fire were not contained in the room of origin.</p> <p>Findings from 04/14/2015: 2. 2nd Floor Legacy Dining Room - The pair of doors to the corridor did not release from the magnetic hold open devices when the fire alarm was activated. When manually operated the doors did not completely close and latch.</p> <p>3. 2nd Floor Large Dining Room - The pair of doors to the corridor did not release from the magnetic hold open devices when the fire alarm was activated.</p> <p>Finding on 6-16-2015: Captain Chris Elrod of the Wilmington Fire Department and Fire Marshal's office had been consulted to determine if the 2 pairs of doors</p>	{C 189}		

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{C 189}	Continued From page 3  listed above were required smoke barrier doors. Captain Elrod determined the doors were not required smoke barrier doors. Based on this information, the doors may remain as installed or the automatic closers can be removed.  Findings from 04/15/2015 4. There is no fire damper where for the duct penetrates the wall separating the electrical room from the elevator equipment room.  Finding on 6-16-2015: The damper had been ordered but had been the wrong device had been delivered. The wrong part had been returned and a new part ordered.	{C 189}		